

From: Office OF Women's Health <owh@cdc.gov>

To:

Subject: May 2002 Women's Health Update from the CDC/ATSDR

Date: Fri, 31 May 2002 07:19:56 -0400

Save the Date!! CDC/ATSDR Women's Health Conference, October 7-9, 2002, Atlanta, Georgia.

<http://www.cdc.gov/od/spotlight/wmconf/index.htm>

What's new at the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR)? See below for women's health-related information. This service is provided by the CDC/ATSDR Office of Women's Health. To subscribe, unsubscribe, or change your email address, email us at owh@cdc.gov.

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ARTICLES, REPORTS AND OTHER DOCUMENTS

1. Teenage Births in the United States: State Trends, 1991-2000, an Update

This report provides State-specific birth rates for teenagers for 1991 and 2000, and the percent change between the time periods. Birth rates for teenagers 15-19 years declined significantly in all States, the Virgin Islands and Guam, between 1991 and 2000. Declines by State ranged from 12 to 39 percent. Rates also fell significantly for teenage subgroups 15-17 and 18-19 years. Teenage birth rates vary substantially by State. In 2000 rates for teenagers 15-19 ranged from 23.4 per 1,000 in New Hampshire to 72.0 in Mississippi. Although not directly comparable, because it is a city, the highest rate was for the District of Columbia, 80.7.

PDF document - http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_09.pdf

Fact sheet - <http://www.cdc.gov/nchs/releases/02facts/teenbirths.htm>

2. Nonfatal Physical Assault-Related Injuries Treated in Hospital Emergency Departments-United States, 2000

This report summarizes data, which indicate that approximately 1.6 million persons were treated in U.S. emergency departments (ED) during 2000 for nonfatal physical (i.e., nonsexual) assault-related injuries. Such injuries occurred disproportionately among males, adolescents, and young adults, particularly among black males. Although sexual assaults accounted for a small proportion (females: 8%, males: 1%) of all assault-related injuries, the rate of ED visits for sexual assault-related injuries was five times higher for females (38.2 per 100,000 population) than for males (7.6). The physical assault rate was approximately 77% higher for males than for females. Males and females aged 20-24 years had the highest injury rates per 100,000 persons (1,848 and 1,122, respectively) among all age groups. Although males had higher rates of being struck or injured with a sharp instrument than females, the rate of being bitten was comparable for males and females. Although men were far more likely to be assaulted or killed than women, the ratio of nonfatal injuries to homicides was higher for females (144:1) than for males (78:1).

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5121a3.htm>

PDF version (p. 460) - <http://www.cdc.gov/mmwr/PDF/wk/mm5121.pdf>

3. Summary Health Statistics for U.S. Adults: National Health Interview Survey, 1997

This report presents health statistics from the 1997 National Health Interview Survey for the civilian noninstitutionalized adult population, classified by sex, age, race and Hispanic origin, poverty status, region of residence, and where appropriate, education, income, health insurance coverage, marital status, and place of residence. The topics covered are health status and limitations in activity, health care access and utilization, health behaviors and lifestyle, chronic condition prevalence, and knowledge and attitudes toward the Acquired Immunodeficiency Syndrome. Highlights include: Higher percents of women than men had been told they had asthma, hay fever, sinusitis, or chronic bronchitis. Women were somewhat more likely to have ever had cancer than men. Among women 65 years of age

and over, 6% had ever had breast cancer. Twenty-nine percent of women 45-64 years of age and 39% of women 65 years of age and over had been told in the past 12 months that they had arthritic symptoms. Women were somewhat more likely to experience vision trouble than men. Women were slightly more likely than men to have lost all their teeth. Women were more likely to experience pain (in the form of migraines, neck pain, lower back pain, or face/jaw pain) than men. Fifteen percent of women felt sad for all, most, or some of the time during the past 30 days compared with 9% of men. Thirty-nine percent of women 18 years of age and over had some degree of limitation affecting their activities compared with 30% of men. Twenty percent of women felt nervous for all, most, or some of the time during the past 30 days compared with 14% of men. Fifty-nine percent of men were current regular drinkers compared with 39% of women; and twenty-eight percent of women were lifetime abstainers compared with 14% of men. Sixty-six percent of men were in excellent or very good health, compared with 62% of women. Twenty-eight percent of men were current smokers compared with 22% of women; and 59% of women had never smoked compared with 45% of men. Fifty-four percent of men never engaged in leisure-time periods of vigorous physical activity lasting 20 minutes per week or more compared with 67% of women. Nearly 6% of women were underweight, 48% were at a healthy weight, 27% were overweight, and 19% were obese.

PDF document - http://www.cdc.gov/nchs/data/series/sr_10/sr10_205.pdf

4. Safety and Toxicity of Individual Antiretroviral Agents in Pregnancy

There are currently six approved nucleoside analogue reverse transcriptase inhibitors. Data are available from clinical trials in human pregnancy for zidovudine and lamivudine, while didanosine and stavudine are under study. Zalcitabine and abacavir have not been studied in pregnant women. Tenofovir disoproxil fumarate is the first acyclic nucleotide analogue reverse transcriptase inhibitor.

PDF - http://www.hivatis.org/guidelines/perinatal/May23_02/STMay23.pdf

5. State-Specific Mortality from Stroke and Distribution of Place of Death - United States, 1999

This report presents national and state-specific death rates for stroke in 1999, which indicate state-by-state variations in both stroke-related death rates and the proportions of stroke decedents who die before transport to an emergency department. By race/ethnicity, the highest age-adjusted death rates for stroke occurred among blacks followed by whites (225.2 and 166.7 per 100,000 population, respectively). Age-adjusted death rates for stroke were slightly higher among men (62.4) than among women (60.5). The proportion of pretransport deaths was higher among women (52.2%) than among men (40.3%) and higher among whites (50.1%) than among other racial/ethnic populations. In the United States, stroke is the third leading cause of death and one of the major causes of serious, long-term disability among adults. Each year, approximately 500,000 persons suffer a first-time stroke,

and approximately 167,000 deaths are stroke-related. Prevention through public and medical education remains a key strategy for reducing stroke-related deaths and disability. High blood pressure, diabetes, high cholesterol, and smoking remain the major risk factors for stroke.

Telebriefing Transcript -

<http://www.cdc.gov/od/oc/media/transcripts/t020523.htm>

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5120a1.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/wk/mm5120.pdf>

6. Fetal Alcohol Syndrome - Alaska, Arizona, Colorado, and New York, 1995-1997

This report summarizes the results of an analysis of the Fetal Alcohol Syndrome Surveillance Network (FASSNet) data on children born during 1995-1997, which indicate that FAS rates in Alaska, Arizona, Colorado, and New York ranged from 0.3 to 1.5 per 1,000 live-born infants and were highest for black and American Indian/Alaska Native populations. This report demonstrates that maternal alcohol use during pregnancy continues to affect children. Recent data indicate that the prevalence of binge (i.e., >5 drinks on any one occasion) and frequent drinking (i.e., >7 drinks per week or >5 drinks on any one occasion) during pregnancy reached a high point in 1995 and has not declined. The number of children affected adversely by in-utero exposure to alcohol is probably underestimated.

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5120a2.htm>

PDF version (p. 433) - <http://www.cdc.gov/mmwr/PDF/wk/mm5120.pdf>

7. Nonfatal Self-Inflicted Injuries Treated in Hospital Emergency Departments - United States, 2000

This report provides national, annualized, weighted estimates of nonfatal self-inflicted injuries treated in U.S. hospital emergency departments (EDs). Overall, self-inflicted injury rates were highest among adolescents and young adults, particularly females. Most (90%) self-inflicted injuries were the result of poisoning or being cut/pierced with a sharp instrument, and 60% were probable suicide attempts. During 2000, an estimated 264,108 persons were treated in EDs for nonfatal self-inflicted injuries (rate: 95.9 per 100,000 population); the rate for females (107.7) was higher than that for males (83.6). The causes of self-inflicted injuries were similar for males and females, although the proportion attributed to poisoning was higher for females (72%) than for males (55%). By age, rates were highest among adolescents aged 15-19 years and young adults aged 20-24 years (259.0 and 236.6, respectively), with the highest rate occurring among females aged 15-19 years (322.7). By race/ethnicity, rates were highest among white, non-Hispanic males (71.8) and females (93.9). The findings in this report highlight the magnitude of nonfatal self-inflicted injuries in the United States and their disproportionate impact on females and young persons.

Telebriefing Transcript -

<http://www.cdc.gov/od/oc/media/transcripts/t020523.htm>

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5120a3.htm>
PDF version (p. 436) - <http://www.cdc.gov/mmwr/PDF/wk/mm5120.pdf>

8. Impact of BRCA1/BRCA2 Mutation Testing on Psychologic Distress in a Clinic-Based Sample

An E-Journal Club review from the Human Genome Epidemiology Network (HuGENeT) of the Schwartz et al article published in J Clin Oncol 2002;20:514-20.

http://www.cdc.gov/genomics/hugenet/ejournal/BRCA1_2testing.htm

9. Annual Report to the Nation on the Status of Cancer, 1973-1999, Featuring Implications of Age and Aging on the U.S. Cancer Burden

New data for 1999 show that death rates for all cancers combined continued to decline in the United States. However, the number of cancer cases can be expected to increase because of the growth and aging of the population in coming decades, according to a report released today. The "Annual Report to the Nation on the Status of Cancer, 1973-1999, Featuring Implications of Age and Aging on the U.S. Cancer Burden" is published in the May 15, 2002 (Vol. 94, No. 10, pages 2766-2792), issue of Cancer. The report is by the National Cancer Institute; the American Cancer Society; the North American Association of Central Cancer Registries; the National Institute on Aging; and CDC.

NCI Press Release -

<http://newscenter.cancer.gov/pressreleases/2002reportnation.html>

NCI Questions and Answers -

<http://newscenter.cancer.gov/pressreleases/2002reportq&a.html>

10. Guidelines for Using Antiretroviral Agents Among HIV-Infected Adults and Adolescents: Recommendations of the Panel on Clinical Practices for Treatment of HIV

This report, which updates the 1998 guidelines, addresses 1) using testing for plasma HIV ribonucleic acid levels (i.e., viral load) and CD4+ T cell count; 2) using testing for antiretroviral drug resistance; 3) considerations for when to initiate therapy; 4) adherence to antiretroviral therapy; 5) considerations for therapy among patients with advanced disease; 6) therapy-related adverse events; 7) interruption of therapy; 8) considerations for changing therapy and available therapeutic options; 9) treatment for acute HIV infection; 10) considerations for antiretroviral therapy among adolescents; 11) considerations for antiretroviral therapy among pregnant women; and 12) concerns related to transmission of HIV to others.

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5107a1.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/rr/rr5107.pdf>

11. Trends in Cigarette Smoking Among High School Students - United States, 1991-2001

To examine changes in cigarette smoking among U.S. high school students during 1991-2001, CDC analyzed data from the national Youth Risk Behavior Survey (YRBS). This report summarizes the results of the analysis, which found that although cigarette smoking rates increased during most of the 1990s, they have declined significantly since 1997. Significant linear and quadratic trends were detected for lifetime, current, and current frequent smoking. Among female students, a significant quadratic trend was detected, indicating that the prevalence of current smoking peaked during 1997-1999 and then declined significantly by 2001. Similarly, among white female, black male, Hispanic, Hispanic female, Hispanic male, and 9th- and 11th-grade students, current smoking prevalence peaked by 1999 and then declined significantly by 2001. A positive linear trend was detected among black female students, indicating that the prevalence of current smoking among this subgroup increased significantly throughout the decade. Current smoking was significantly more likely to be reported by white and Hispanic female students than by black female students, by white and Hispanic male students than by black male students, and by 12th-grade students than by 9th- and 10th-grade students. Despite the declines in cigarette smoking rates among high school students, 28.5% of high school students are current smokers, and 13.8% are current frequent smokers. Many high school students already are nicotine dependent.

Telebriefing Transcript -

<http://www.cdc.gov/od/oc/media/transcripts/t020516.htm>

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5119a1.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/wk/mm5119.pdf>

12. Prevalence of Health-Care Providers Asking Older Adults About Their Physical Activity Levels - United States, 1998

To evaluate whether health-care providers ask about physical activity among older adults, CDC analyzed data from the 1998 National Health Interview Survey. This report summarizes the results of that analysis, which indicate that approximately half of older adults who attended a routine check-up during the previous year reported being asked about physical activity by their health-care providers. A total of 52% of respondents reported that their health-care providers had asked about their level of physical activity or exercise. Women were significantly less likely than men to be asked. The likelihood of being asked declined with age and increased with level of education. Persons who were obese were more likely to be asked than persons with normal weight. To help older adults make lifestyle changes, health-care providers should ask older adults during routine check-ups about their physical activity levels.

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5119a2.htm>

PDF version (p. 412) - <http://www.cdc.gov/mmwr/PDF/wk/mm5119.pdf>

13. HIV/AIDS Mortality Slide Set, 1987-2000

This 36-slide set includes trends in age-adjusted death rates, survival

after months of diagnosis, leading causes of death by 5-year age group, potential life lost, trends in annual rates of death among women, and others.

<http://www.cdc.gov/hiv/graphics/mortalit.htm>

14. Sexually Transmitted Diseases Treatment Guidelines - 2002

These guidelines are for the treatment of patients who have sexually transmitted diseases (STDs) and were developed by CDC after consultation with a group of professionals. The information in this report updates the 1998 Guidelines for Treatment of Sexually Transmitted Diseases. Included in these updated guidelines are new alternative regimens for scabies, bacterial vaginosis, early syphilis, and granuloma inguinale; an expanded section on the diagnosis of genital herpes (including type-specific serologic tests); new recommendations for treatment of recurrent genital herpes among persons infected with human immunodeficiency virus (HIV); a revised approach to the management of victims of sexual assault; expanded regimens for the treatment of urethral meatal warts; and inclusion of hepatitis C as a sexually transmitted infection. In addition, these guidelines emphasize education and counseling for persons infected with human papillomavirus, clarify the diagnostic evaluation of congenital syphilis, and present information regarding the emergence of quinolone-resistant *Neisseria gonorrhoeae* and implications for treatment. Recommendations also are provided for vaccine-preventable STDs, including hepatitis A and hepatitis B.

<http://www.cdc.gov/std/treatment/default.htm>

Telebriefing - <http://www.cdc.gov/od/oc/media/transcripts/t020509.htm>

15. Violence: Occupational Hazards in Hospitals

The purpose of this brochure is to increase worker and employer awareness of the risk factors for violence in hospitals and to provide strategies for reducing exposure to these factors. Workplace violence ranges from offensive or threatening language to homicide. Recent data indicate that hospital workers are at high risk for experiencing violence in the workplace.

Although anyone working in a hospital may become a victim of violence, nurses and aides who have the most direct contact with patients are at higher risk. Other hospital personnel at increased risk of violence include emergency response personnel, hospital safety officers, and all health care providers. Several studies indicate that violence often takes place during times of high activity and interaction with patients, such as at meal times and during visiting hours and patient transportation. Assaults may occur when service is denied, when a patient is involuntarily admitted, or when a health care worker attempts to set limits on eating, drinking, or tobacco or alcohol use. All hospitals should develop a comprehensive violence prevention program.

<http://www.cdc.gov/niosh/2002-101.html#intro>

Summary Update - <http://www.cdc.gov/niosh/riskassault.html>

16. Glutathione S-Transferase Polymorphisms and Risk of Ovarian Cancer

An increasing number of epidemiologic studies have examined associations between GSTM1, GSTT1, and GSTP1 and epithelial ovarian cancer. This Human Genome Epidemiology Network (HUGE Net) review critically evaluates published studies of these associations and offers suggestions for future research.

This paper will be published with modifications in Genetics in Medicine July/August 2002.

<http://www.cdc.gov/genomics/hugenet/reviews/GSTovarian.htm>

17. Breast and Cervical Cancer Information in Spanish

Information, in Spanish, is provided on breast cancer and mammography, cervical cancer and pap test, and where to get a free or low-cost mammogram and Pap test. See box on right side of page for links.

<http://www.cdc.gov/cancer/nbccedp/index.htm>

18. Nonoxynol-9 Spermicide Contraception Use - United States, 1999

To determine the extent of N-9 contraceptive use among U.S. women, CDC assessed data provided by U.S. family planning clinics for 1999. This report summarizes the results of that assessment, which indicate that some U.S. women are using N-9 contraceptives. In 1999, a total of 7%-18% of women attending Title X clinics reported using condoms as their primary method of contraception. Data on the percentage of condoms lubricated with N-9 were not available. A total of 1%-5% of all women attending Title X clinics reported using N-9 contraceptives (other than condoms) as their primary method of contraception. Sexually active women should consider their individual HIV/STD infection risk when choosing a method of contraception. Prevention of both unintended pregnancy and HIV/STD infection among U.S. women is needed. In 1994, a total of 49% of all pregnancies were unintended. Furthermore, 26% of women experience an unintended pregnancy during the first year of typical use of spermicide products. Providers of family planning services should inform women at risk for HIV/STDs that N-9 contraceptives do not protect against these infections.

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5118a1.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/wk/mm5118.pdf>

19. Combined COMT and GST Genotypes and Hormone Replacement Therapy Associated Breast Cancer Risk

An E-Journal Club review from the Human Genome Epidemiology Network (HuGENeT) of the Mitrunen et al. article. Includes a detailed abstraction of the article.

http://www.cdc.gov/genomics/hugenet/ejournal/comt_gst.htm

20. Trends in Deaths from Systemic Lupus Erythematosus (SLE) - United States, 1979-1998

To characterize deaths from SLE, CDC reviewed SLE deaths during 1979-1998. This report presents the results of that analysis, which indicate that

marked age-, sex-, and race-specific disparities exist in SLE death rates and that death rates have increased by approximately 70% during the study period among black women aged 45-64 years. Of all SLE deaths, 36.4% occurred among persons aged 15-44 years. For each year, crude death rates increased with age, were >5 times higher among women than men, and were >3 times higher among blacks than whites. Among black women, death rates were highest and increased most (69.7%) among those aged 45-64 years, with little difference in rates among other age groups. Systemic lupus erythematosus is a serious autoimmune disease of unknown etiology that can affect several organs. Because SLE affects connective tissues and because painful joints and arthritis are among its most common manifestations, this disease is classified with arthritis and other rheumatic diseases. Prevention of deaths requires early recognition and diagnosis of SLE and appropriate therapeutic management.

Telebriefing Transcript -

<http://www.cdc.gov/od/oc/media/transcripts/t020502.htm>

Fact Sheet - <http://www.cdc.gov/od/oc/media/pressrel/fs020503.htm>

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5117a3.htm>

PDF version (p. 371) - <http://www.cdc.gov/mmwr/PDF/wk/mm5117.pdf>

UPCOMING CDC CONFERENCES

21. The Public's Health and the Law in the 21st Century, June 18-19, Atlanta, GA

The conference will be held at the Sheraton Colony Square Hotel, 188 14th Street, NE, Atlanta, Georgia, 30361. The purpose of the conference is to improve the understanding and use of law as a vital tool to advance the public's health in the 21st century.

<http://www.phppo.cdc.gov/phlawnet/conference/>

22. 2002 Data Users Conference, July 15-17, 2002, Washington, D.C.

The conference will be held at the Omni Shoreham Hotel in Washington, DC, on July 15-17, 2002. You and other health data users will have the opportunity to meet and to discuss National Center for Health Statistics (NCHS) data collection, analysis, and dissemination activities. The 3-day conference will feature sessions on NCHS data systems and on topics of current interest. This year's meeting will also feature a series of interactive workshops on selected NCHS datasets as well as small group discussion sessions on health topics, data issues, and ways to improve NCHS products and services. Data users new to NCHS will have the opportunity to attend an overview session designed to introduce the range of NCHS data systems.

<http://www.cdc.gov/nchs/events/2002duc/invitation.htm>

23. First National Conference of the National Center on Birth Defects and Developmental Disabilities, September 17-19, 2002, Atlanta, GA.

The theme for the conference is "Honoring the Past and Framing the Future."

<http://www.cdc.gov/ncbddd/conference.htm>

24. CDC/ATSDR Women's Health Conference, October 7-9, 2002, Marriott Marquis Hotel, Atlanta, GA. Save the date!! In this 2 1/2 day conference, general and concurrent sessions will provide opportunities to expand your knowledge on women's health issues and increase your effectiveness in helping women live healthier lives.

<http://www.cdc.gov/od/spotlight/wmconf/index.htm>

25. National Asthma Meeting: Living Well with Asthma

This CDC-sponsored meeting is open to all and will provide a forum for (1) increasing knowledge about asthma prevention and control, (2) providing guidance on establishing and maintaining an effective asthma surveillance and intervention program, (3) interacting with colleagues from across the country, and (4) assessing future directions for CDC's asthma and respiratory activities. Abstracts due June 4, 2002.

<http://www.cdc.gov/nceh/airpollution/asthma/2002mtg.htm>

26. 8th Annual Maternal/Child Health Epidemiology Conference, December 11-13, Clearwater Beach, FL

Maternal and Child Health (MCH) Epidemiology conference organizers invite you to join MCH professionals in sharing experiences, enhancing knowledge, and generating new ideas for improved MCH data use and informed policymaking.

http://www.cdc.gov/nccdphp/drh/02_mchept.htm

HEALTH OBSERVANCES/CAMPAIGNS

27. BAM! - Body and Mind, CDC Kid's Page

BAM! was created to answer kids' questions on health issues and recommend ways to make their bodies and minds healthier, stronger, and safer. BAM! also serves as an aid to teachers, providing them with interactive activities to support their health and science curriculums that are educational and fun.

<http://www.bam.gov/>

28. Injury Center's 10th Anniversary Events

This June, the CDC National Center for Injury Prevention and Control will mark a decade of progress in addressing the public health problem of injury through partnership with a series of regional meetings in Denver, Los Angeles, Boston and Baltimore. These meetings--hosted and planned by Colorado Department of Public Health and Environment, Southern CA Injury Prevention Research Center, Massachusetts Department of Public Health, and Johns Hopkins Center for Injury Research and Policy--are designed to

strengthen existing partnerships, to involve more organizations and individuals in the injury prevention movement, and to raise public awareness of the urgency of need for injury prevention in the United States. The Injury Center and its partners invite you to join us to celebrate 10 years of community progress in reducing the toll of injury.

<http://www.cdc.gov/ncipc/anniversary/default.htm>

29. Choose Your Cover Skin Cancer Prevention Campaign

The number of skin cancer cases has increased in the United States. More than 1 million cases of basal cell or squamous cell cancer will be diagnosed in 2002. The most serious form of skin cancer is malignant melanoma. Malignant melanoma causes more than 75% of all deaths from skin cancer. Exposure to the sun's ultraviolet rays appears to be the most important environmental factor in developing skin cancer. Link takes you to the Questions and Answers section of the site.

<http://www.cdc.gov/chooseyourcover/qanda.htm>

30. Healthy Swimming - 2002

Swimming or relaxing in "recreational water" such as swimming pools, waterparks, hot tubs, lakes, rivers, or the ocean is one of the most popular activities in the country. However, did you know that more than 15,000 swimmers became ill from swimming during the past decade? This website provides information for raising awareness about the spread of recreational water illnesses. Learning about healthy swimming behaviors may help protect swimmers from the spread of illness.

<http://www.cdc.gov/healthyswimming/>

31. New Esai Morales TV Spots - Mother's Keeper

Esai grew up in Brooklyn, New York, with his mom. As a little boy, he was so concerned about his mother's smoking habit that he used to hide her cigarettes. Eventually she quit, and she's healthy and happy today. Esai steps both behind the camera as director, and in front of the camera, for a poignant reenactment of how important it is for caregivers, especially parents, to "quit" smoking for the ones they love. The TV spot is available for use in counter marketing campaigns in English and Spanish.

TV spot - http://www.cdc.gov/tobacco/celebrities/esai_eng.transcript.htm

Poster and materials/publications in Spanish link -

http://www.cdc.gov/tobacco/celebrities/esaimorales_tvspots.htm

32. 5 A Day - Fruits and Vegetables

The 5 A Day for Better Health Program is a large-scale public/private partnership between the fruit and vegetable industry and the U. S. Government. This national nutrition program seeks to increase the number of daily servings Americans eat of fruits and vegetables to five or more. Along with this main goal, the program works to inform Americans that eating fruits and vegetables can improve their health and may reduce the risk of

cancer and other chronic diseases. The program provides consumers with easy ways to add more fruits and vegetables into their daily eating patterns.

<http://www.cdc.gov/nccdphp/dnpa/5ADay/index.htm>

33. West Nile Virus

West Nile (WN) virus has emerged in recent years in temperate regions of Europe and North America, presenting a threat to public, equine, and animal health. The most serious manifestation of WN virus infection is fatal encephalitis (inflammation of the brain) in humans and horses, as well as mortality in certain domestic and wild birds. Learn more.

<http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>

CDC SPONSORED TRAINING/CONTINUING EDUCATION

34. The Epidemic of Obesity: Personal Choice or Environmental Consequence?, June 7, 2:00-3:00 pm EDT

The purpose of this program is to increase awareness of personal and environmental risk factors contributing to obesity; to promote traditional and nontraditional public health partnerships; and to strengthen the public health infrastructure. Sponsored by the University of North Carolina and CDC.

Public Health Grand Rounds fact sheet -

<http://www.publichealthgrandrounds.unc.edu/>

35. Introduction to Public Health Surveillance, June 10-14

CDC and Emory University's Rollins School of Public Health will co-sponsor a course, "Introduction to Public Health Surveillance" during June 10-14, 2002, at Emory University. The course is designed for state and local public health professionals. The course will provide practicing public health professionals with the theoretical and practical tools necessary to design, implement, and evaluate effective surveillance programs. Topics include overview and history of surveillance systems; planning considerations; sources and collection of data; analysis, interpretation, and communication of data; surveillance systems technology; ethics and legalities; state and local concerns; and future considerations. There is a tuition charge.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5116a6.htm>

36. Epidemic Intelligence Service

The Epidemic Intelligence Service (EIS) is a unique two-year, post-graduate program of service and on-the-job training for health professionals interested in the practice of epidemiology. Since 1951, over 2,000 EIS Officers have responded to requests for epidemiologic assistance within the United States and throughout the world. Every year, CDC's Epidemiology Program Office selects 60-80 persons from among the nation's top health professionals to enter the EIS and pursue on-the-job training in applied

epidemiologic skills--skills vital to maintenance of public health. EIS Officers continue to play a major role in the implementation of CDC's mission of preventing disease and injury and promoting healthy lifestyles. Application deadline: September 15.

<http://www.cdc.gov/epo/dapht/eis/index.htm>

37. Applied Epidemiology, September 30-October 25

CDC and Emory University's Rollins School of Public Health will co-sponsor a course, "International Course in Applied Epidemiology," during September 30-October 25, 2002, in Atlanta, Georgia. The course is directed at public health professionals from countries other than the United States and will include presentations and discussions of epidemiologic principles, basic statistical analysis, public health surveillance, field investigations, surveys and sampling, and discussions of the epidemiologic aspects of current major public health problems in international health. Included are small group discussions of epidemiologic case exercises based on field investigations.

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5117a8.htm>

38. Monthly Maternal-Child Health Presentations Broadcasted Live on the Web Every month the CDC MCH Epidemiology State Assignees meet via conference call to discuss current issues and activities in their states. The next broadcast will be on Wednesday, June 5. For approximately 45 minutes to 1 hour at the beginning of each meeting, a guest speaker presents on a timely issue pertinent to MCH epidemiology. These presentations are made available live on the Internet and are archived for later use. The broadcasts are sponsored by CDC and produced by the University of Illinois School of Public Health.

University of Illinois Web site -

<http://www.uic.edu/sph/cade/mchept/meetings/>

GRANTS AND COOPERATIVE AGREEMENT ANNOUNCEMENTS

Below are summaries of selected CDC funding announcements. For more information about CDC Grants and Cooperative Agreements, visit <http://www.cdc.gov/od/pgo/funding/grantmain.htm>.

DISCLAIMER: The official source for announcements of grants and cooperative agreement opportunities is the Federal Register. The electronic version of these announcements is provided as a convenience. In the event of any conflict between the content of the electronic version and the Federal Register version, you should rely on the information in the Federal Register.

39. Parenting Program Attrition and Compliance Efficacy Trial [Announcement

Number 02123]

The purpose of the program is to test strategies and techniques for reducing attrition and enhancing compliance with extant parenting programs for the prevention of child maltreatment. At a minimum, competitive applicants must have previously demonstrated program efficacy or effectiveness in enhancing family functioning and reducing child maltreatment. The project should examine rigorous tests of specific interventions focused on enhancing participation and participant compliance in existing efficacious or effective parenting programs. Applications may be submitted by public and private non-profit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private non-profit organizations, State and local governments or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, federally recognized Indian Tribal governments, Indian Tribes, or Indian Tribal Organizations. Approximately \$400,000 is available in FY 2002 to fund one to two awards. It is expected that the average award will be \$200,000, ranging from \$200,000 to \$400,000. Closing Date: June 24, 2002.

<http://www.cdc.gov/od/pgo/funding/02123.htm>

40. Grants for Dissemination Research of Effective Interventions to Prevent Unintentional Injuries [Program Announcement 02126]

The purposes of the program are to: 1. Solicit research applications that address the priorities reflected under the heading, "Program Requirements."

2. Build the scientific base for the prevention of unintentional injuries.

3. Encourage professionals from a wide spectrum of disciplines such as medicine, health care, public health, health care research, behavioral and social sciences, and others, to undertake research to prevent and control injuries. 4. Encourage investigators to propose research that involves the development and testing of dissemination strategies to stimulate individuals, organizations, or communities to adopt and maintain effective interventions. 5. Advance the practice of public health and policy in order to promote health and prevent injury with findings from these projects.

Applications may be submitted by public and private nonprofit and for-profit organizations and by governments and their agencies; that is, universities, colleges, research institutions and institutes, hospitals, managed care organizations, other public and private nonprofit and for-profit organizations, faith-based organizations, State and local governments or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations, and small, minority, and women-owned businesses.

Approximately \$500,000 is available in FY 2002 to fund approximately 2-3 awards. Deadline: June 24, 2002.

<http://www.cdc.gov/od/pgo/funding/02126.htm>

41. Investigator Awards for Unintentional, Violence, and Acute Care, Disability, and Rehabilitation-Related Prevention Research [Announcement Number 02121]

CDC announces the availability of fiscal year (FY) 2002 funds for an extramural grant program for new investigator awards in three research areas: unintentional injury prevention, violence-related injury prevention, and injury-related acute care and disability. The purposes of this program are to: 1. Encourage researchers from a wide spectrum of disciplines such as public health, health care, medicine, criminal justice, and behavioral and social sciences to undertake research to prevent and control unintentional and violence-related injury and disability. 2. Support injury research by recent doctoral-level graduates or researchers who are redirecting their careers toward injury research. 3. Build the scientific base for the prevention and control of unintentional and violence-related injuries, disabilities, and deaths. This program is designed to encourage qualified applicants who are beginning or redirecting their career to focus on injury-related research. The career development objectives of this program are to encourage scientists to develop independent research skills, and to gain experience in advanced methods and experimental approaches in injury-related research. This program is also intended to jump start the careers of researchers in injury prevention by providing support for pilot studies, enhancements to existing studies, or other studies that will serve as a foundation for a career in injury prevention. Applicants are encouraged to seek mentoring or collaboration with more senior level injury researchers in their proposed research. Eligible institutions include any United States public or private universities or colleges, including, but not limited to schools or departments of public health, medicine, nursing, criminal justice, or the behavioral or social sciences. The performance site must be domestic. Applicants must have a research or a health-professional doctorate-level degree from an accredited program and have demonstrated the capacity or potential for highly productive research in the period after the doctorate, commensurate with level of experience. Applicants must be within three years of receiving their doctoral or equivalent degree or redirecting their research to injury-related research. Documentation of such redirection must be included in the application. Applicants who have been the principal investigator on a Public Health Service injury-related research grant or who have had equivalent injury-related research support from an existing Injury Control Research Center are not eligible. Exceptions are researchers who have redirected their research areas from one area of injury research, e.g., acute care or biomechanics, to another area, e.g., violence prevention research. Recipients of dissertation research grants or NIH Small Grant Awards are eligible to apply. Approximately \$400,000 is expected to be

available for up to four new investigator awards in FY 2002. Deadline: June 24, 2002.

<http://www.cdc.gov/od/pgo/funding/02121.htm>

42. Grants for Acute Care, Rehabilitation and Disability Prevention Research [Program Announcement 02127]

The purposes of the program are to: 1. Solicit research applications that address the priorities reflected under the heading, "Program Requirements." 2. Build the scientific base for the prevention and control of injury and disability. 3. Encourage professionals from a wide spectrum of disciplines such as medicine, health care, public health, health care research, behavioral and social sciences, and others, to undertake research to prevent and control injuries. 4. Encourage investigators to propose research that involves intervention development and testing as well as research on methods, to encourage individuals, organizations, or communities to adopt and maintain effective intervention strategies. Applications may be submitted by public and private non-profit and for-profit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private non-profit and for-profit organizations, faith-based organizations, State and local governments or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations, and small, minority, and women-owned businesses. Approximately \$500,000 is available in FY 2002 to fund approximately two awards. Deadline: June 14, 2002.

<http://www.cdc.gov/od/pgo/funding/02127.htm>

43. Dissertation Awards for Minority Doctoral Candidates for Violence-Related Injury Prevention Research [Program Announcement 02152]

The purposes of this program are to: 1. Stimulate and encourage minority doctoral candidates from a variety of academic disciplines and programs, including, but not limited to public health, health care, criminal justice, and behavioral and social sciences, to conduct violence-related injury prevention research. 2. Assist minority students in the completion of their dissertation research on a violence-related topic. 3. Encourage minority investigators to build research careers related to the prevention of violence-related injuries, disabilities, and deaths. Eligible institutions include any United States public or private institution such as a university or college that supports an accredited doctoral level training program. The performance site must be domestic. Applicants must be minority students in good standing enrolled in an accredited doctoral degree program. Applicants must have also successfully defended their dissertation proposal to be eligible for this funding. For the purpose of this program announcement,

minorities are defined as individuals belonging to a particular ethnic or racial group (as defined by the U.S. Census Bureau) that has been determined by the applicant institution to be under-represented in biomedical or behavioral research. Applicants must be conducting or intending to conduct research in one of the areas described under the Research Objectives section. The applicant must have obtained approval of the dissertation proposal by the dissertation committee by the time of application. The applicant's eligibility must be verified in a letter of certification from the mentor (the chair of the dissertation committee or other academic advisor) and submitted with the grant application. Approximately \$100,000 is expected to be available in FY 2002 for up to five dissertation awards.

Deadline: June 14, 2002.

<http://www.cdc.gov/od/pgo/funding/02152.htm>

44. Technology Translation and Transfer of Effective HIV Prevention Behavioral Interventions [Program Announcement 02137]

The purpose of the program is to: 1. Support translation of the protocols of effective HIV prevention interventions, whose original research was conducted with methodological rigor and which have not been packaged or widely adopted, into a package of materials that prevention providers can use to implement the interventions in their non-research field situations; and 2. Support development of curricula for training provider agency staff who will implement the intervention and technical assistance guidance manuals for providing technical assistance to future adopters of the intervention. Applications may be submitted by public and private nonprofit and for-profit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit and for-profit organizations, faith-based organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations, and small, minority, women-owned businesses. Approximately \$470,000 is available in FY 2002 to fund approximately two awards. Deadline: July 15, 2002

<http://www.cdc.gov/od/pgo/funding/02137.htm>

45. Multi-Level Parent Training Effectiveness Trial [Program Announcement 02072]

The purpose of this program is to examine the effectiveness of a multi-level parent training program for families with children ages six and younger. The research trial will test the effectiveness of a multi-level intervention program that promotes positive parenting strategies in order to prevent child maltreatment. As an effectiveness trial, the program is required to examine the broad implementation of interventions with demonstrated efficacy rather than to test the efficacy of new interventions. The program must examine effects both with the individuals directly involved in the interventions, and the larger community in which the intervention program is

implemented. Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, technical schools, research institutions, hospitals, other public and private nonprofit organizations, community-based organizations, faith-based organizations, State and local governments or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, federally recognized Indian Tribal Governments, Indian Tribes, or Indian Tribal Organizations. Approximately \$1.5 million is available in FY 2002 to fund one award.

Closing Date: June 24, 2002

<http://www.cdc.gov/od/pgo/funding/02072.htm>

46. National Cancer Prevention and Control Program [Program Announcement 02060]

The CDC announces the availability of fiscal year (FY) 2002 funds for a cooperative agreement program for the National Cancer Prevention and Control Program (NCPC). This Program Announcement is issued in an effort to simplify and streamline the grant pre-award and post-award administrative process, measure performance related to each grantee's stated objectives and identify and establish the long-term goals of a NCPCP program through stated performance measures. This Announcement incorporates funding guidance for the following three components: the National Comprehensive Cancer Control Program (NCCCP); the National Breast and Cervical Cancer Early Detection Program (NBCCEDP); and the National Program of Cancer Registries (NPCR). Eligible applicants vary depending on the component, and include State health departments, Federally recognized Indian tribal governments and tribal organizations, and academic and nonprofit organizations.

Approximately \$178,000,000 is available in FY 2002 to fund approximately 75 awards. The level of competitiveness varies within this program announcement for each component based on whether a program is currently funded, and if funded, based on the current project period. All non-competitive applications will be reviewed by a Technical Acceptability Review process. All competitive applications for the NCCCP component will be reviewed by an Independent Objective Review Panel. Competitive applications submitted for NBCCEDP and NPCR components will undergo a Technical Acceptability Review process for applications received from States and an Independent Objective Review for applications received from Tribes and Territories. Letter of Intent due May 15, 2002. Application due on or before June 20, 2002.

<http://www.cdc.gov/od/pgo/funding/02060.htm>

47. Public Health Conference Support Cooperative Agreement Program for HIV Prevention [Program Announcement 01025]

CDC announces the availability of funds for a cooperative agreement program for Public Health Conference Support for Human Immunodeficiency Virus

Prevention. Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, local governments or their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations. State and local health departments may apply for funding only under Category 2 (See E. Application Content). Approximately \$200,000 is available in FY 2002 to fund approximately 10 to 15 awards. Awards may range from \$10,000 to \$25,000. Letter of Intent Due Date: Cycle IV: July 19, 2002-for conferences January 1-June 30, 2003.
<http://www.cdc.gov/od/pgo/funding/01025.htm>

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The mission of ATSDR is to prevent exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment.